

|   |                |                         |
|---|----------------|-------------------------|
| <b>TRANSMITTAL FORM</b><br><br><i>(for all correspondence after initial filing)</i> | Application #  | 10/790,023              |
|   | Confirmation # | 9734                    |
|   | Filing Date    | 03/02/2004              |
|   | First Inventor | STREBELLE               |
|   | Art Unit       | 1793                    |
|   | Examiner       | Patel, Devang R.        |
| Total number of pages in this submission =  |                | Docket # P06745US02/BAS |

| ENCLOSURES <i>(check all that apply)</i>   |   |
|--|---|
| <input type="checkbox"/> Fees calculated below<br><input checked="" type="checkbox"/> Amendment<br><input type="checkbox"/> including Attachment(s)<br><input type="checkbox"/> After Final Amendment/Reply<br><input type="checkbox"/> including Attachment(s)<br><input type="checkbox"/> Extension of Time Petition<br><input type="checkbox"/> | <input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/><br><input type="checkbox"/> |

| FEES CALCULATION: For claims if required and/or other fees as shown below:   |     |                     |               |            |    |
|--|-----|---------------------|---------------|------------|----|
|  | NOW | Previously Paid For | Present Extra | Rate       | \$ |
| <input checked="" type="checkbox"/> TOTAL CLAIMS   | 13  | - 20                | 0             | X \$ 52 =  | 0  |
| <input checked="" type="checkbox"/> INDEPENDENT CLAIMS   | 2   | - 3                 | 0             | X \$ 220 = | 0  |
| TOTAL OF ABOVE CLAIMS FEES =   |     |                     |               |            | 0  |
| <input type="checkbox"/> Reduction by ½ for <b>small entity status</b> of applicant                                  |     |                     |               |            | 0  |
| SUBTOTAL =   |     |                     |               |            | 0  |
| <input type="checkbox"/> Fee for extension of time (per attached Petition)<br><input type="checkbox"/> Other fee for |     |                     |               |            |    |
| TOTAL OF ALL FEES =  |     |                     |               |            | 0  |

- ☐ Payment of \$ \_\_\_\_\_ is made by:
- ☐ CREDIT CARD PAYMENT FORM - PTO-2038 submitted concurrently herewith.  
☐ ELECTRONIC FUNDS TRANSFER - submitted concurrently herewith.
- ☒ The Director is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 12-0555:
- (1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or  
 (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: February 17, 2009

  
 Signed By Name: B. Aaron Schulman  
 Attorney of Record Registration No.: 31,877

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